



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

°CTD981068752

INSTALLATION ADDRESS

WEST AVE CLEANERS
546 WEST AVE
NORWALK

CT 06850

546 WEST AVE
NORWALK

CT 06850

124446907

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

RCRA RECORDS CENTER
SIX DAYS
FACILITY Cleaners Inc.
I.D. NO. CTD981068752
FILE LOC. _____
OTHER _____
PLEASE PLACE LABEL IN THIS SPACE

SQG

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
APPROVED
DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

WEST AVENUE CLEANERS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

SAME

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

546 WEST AVENUE

CITY OR TOWN

ST.

ZIP CODE

NORWALK

CT 06850

Fairfield
001

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 SA FRANEK MICHAEL OWNER

203-866-9860

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 MICHAEL SA FRANEK

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☒ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY											
W											
1	2	3	4	5	6	7	8	9	10	11	12

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Michael Sahanek</i>	NAME & OFFICIAL TITLE (type or print) OWNER	DATE SIGNED 4/10/85
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RECEIVED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Date Received
(For Official Use Only)

MAR 15 1998



Notification of Regulated Waste Activity

DEP-WASTE MANAGEMENT BUREAU
WASTE ENGINEERING & ENFORCEMENT

United States Environmental Protection Agency

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

CTD 981068752

II. Name of Installation (Include company and specific site name)

Six Days Cleaners Inc

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

546 West Ave

Street (continued)

City or Town

Norwalk

State

ZIP Code

CT 06850

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BACK

(first)

Ji

Job Title

OWNER

Phone Number (area code and number)

201-854-4769

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

☒

B. Street or P.O. Box

SAME

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Ji BACK

Street, P.O. Box, or Route Number

1 CORNELL DR

City or Town

State

ZIP Code

BARDONIA

NY 10954

Phone Number (area code and number)

914-623-9510

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

☒
☐

(Date Changed)

Month

Day

Year

03 11 98

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

- Generator (See Instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s):)
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F002	2 D03F	3 D007	4 D008	5 D040	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

BACK, Ji President

3/11/88

XI. Comments

Change in ownership & contact



CYCLE CHEM

RECYCLING TREATMENT & DISPOSAL OF HAZARDOUS WASTE

MAY 3, 1985

U.S.E.P.A.
REGION I
JFK FEDERAL BUILDING
ROOM 2303
BOSTON, MASS. 02203

TO WHOM IT MAY CONCERN:

PLEASE FIND ATTACHED NOTIFICATION FORMS (8700-12) REQUESTING EPA ID NUMBERS. CYCLE CHEM IS WORKING WITH THE NEIGHBORHOOD DRYCLEANERS ASSOCIATION (NCA) IN A PROGRAM DESIGNED TO SERVICE INDIVIDUAL DRYCLEANING STORES. SOME OF THESE STORES HAVE BEGUN TO ACCUMULATE WASTE MATERIAL ON THEIR PREMISES AND ARE NOW REQUESTING THAT IT BE PICKED UP AND DISPOSED OF PROPERLY. IN ORDER FOR CYCLE CHEM TO PICK UP THIS WASTE MATERIAL WE MUST REQUIRE EACH DRYCLEANER TO HAVE AN EPA ID NUMBER.

WE WOULD APPRECIATE ANY ASSISTANCE THAT YOUR OFFICE CAN PROVIDE IN EXPEDITING OUR RECEIPT OF THESE ID NUMBERS.

BELOW IS THE LIST OF THE DRYCLEANERS WHOSE FORMS ARE ATTACHED:

ACT #:	1040804	NAME:	ARTS CLEANERS	LOCALE:	DANBURY, CT.
ACT #:	1097172	NAME:	BROADWAY	LOCALE:	NORTH HAVEN, CT.
ACT #:	1128817	NAME:	CENTURY	LOCALE:	ROCKY HILL, CT.
ACT #:	1200216	NAME:	DEMUNDA	LOCALE:	WATERBURY, CT.
ACT #:	1214888	NAME:	DOYLES CUSTOM	LOCALE:	NEW HAVEN, CT.
ACT #:	1246712	NAME:	F & R	LOCALE:	NORWALK, CT.
ACT #:	1063243	NAME:	FAIRFIELD	LOCALE:	FAIRFIELD, CT.
ACT #:	1273361	NAME:	FRANCES	LOCALE:	RIDGEFIELD, CT.
ACT #:	1314165	NAME:	GRIMES	LOCALE:	NEW LONDON, CT.
ACT #:	1348507	NAME:	IMPERIAL	LOCALE:	DARIEN, CT.
ACT #:	1374001	NAME:	JEFFY	LOCALE:	RIVERSIDE, CT.
ACT #:	1393588	NAME:	KENMORE	LOCALE:	BRISTOL, CT.
ACT #:	1435884	NAME:	LINDEN	LOCALE:	DARIEN, CT.
ACT #:	1463888	NAME:	MAJESTIC	LOCALE:	WEST HAVEN, CT.
ACT #:	1496980	NAME:	MILFORD	LOCALE:	MILFORD, CT.
ACT #:	1540262	NAME:	NEW ENGLAND	LOCALE:	GREENWICH, CT.
ACT #:	1552503	NAME:	NORTH HAVEN	LOCALE:	NORTH HAVEN, CT.
ACT #:	1631047	NAME:	RAINBOW	LOCALE:	HAMDEN, CT.
ACT #:	1646834	NAME:	RIDGEFIELD	LOCALE:	RIDGEFIELD, CT.
ACT #:	1685813	NAME:	SEDGWICK	LOCALE:	WEST HARTFORD, CT.
ACT #:	1698702	NAME:	SIMONETTI	LOCALE:	SHELTON, CT.

ACT #: 1743929
ACT #: 1761609
ACT #: 1777106
ACT #: 1780980
ACT #: 1244469
ACT #: 1816721
ACT #: 1189042

NAME: SYLVAN
NAME: TOMMY'S
NAME: TURNPIKE CLEANERS
NAME: UNIVERSAL
NAME: WEST AVENUE
NAME: WESTFAIR
NAME: DARIEN

LOCALE: NEW HAVE, CT.
LOCALE: NEW MILFORD, CT.
LOCALE: FAIRFIELD, CT.
LOCALE: STAMFORD, CT.
LOCALE: NORWALK, CT.
LOCALE: EAST WESTPORT, CT.
LOCALE: DARIEN, CT.

WE APPRECIATE YOUR ASSISTANCE AND THANK YOU FOR YOUR COOPERATION IN THIS MAT
PLEASE CALL ME IF THERE ARE ANY QUESTIONS AT (201) 442-2314.

SINCERELY,

CYCLE CHEM, INC.

Claudia Grady
CLAUDIA GRADY

PLEASE MAIL LIST OF ID NUMBERS TO:

CYCLE CHEM, INC.
C/O CLEAN VENTURE INC.
1160 STATE STREET
PERTH AMBOY, N.J. 08862